



THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF ADMINISTRATIVE LAW APPEALS

BUREAU OF SPECIAL EDUCATION APPEALS

1 CONGRESS STREET, 11TH FLOOR

BOSTON, MA 02114

TEL: 617-626-7250

FAX: 617-626-7270

<http://www.mass.gov/dala/bsea>

ADVANCEMENT / POSTPONEMENT REQUEST FORM

(See reverse for instructions)

This request is for (please check one): ☐ an advancement of the hearing

☐ a postponement of the hearing

Student's Name:

School District:

BSEA #:

Hearing Officer:

This request is submitted by (check one):

☐ Parent

☐ School District

☐ Both Parties

to reschedule the hearing date of:

I am requesting this postponement for the following reason(s):

(use other side if necessary)

Proposed alternate dates (agreed upon by both parties, if possible):

Date

Signature of Requesting Party

.....
The above request is allowed/denied. If allowed, the case is rescheduled for the

following date: _____

at _____

Date

Hearing Officer

INSTRUCTIONS FOR COMPLETING THE ADVANCEMENT / POSTPONEMENT REQUEST FORM

1. This form must be completed if requesting a postponement and must be sent to the assigned Hearing Officer.
2. Please check the appropriate box to indicate whether you are requesting an advancement or a postponement.
3. A copy of the *Request* must be sent to the other party.
4. Unless circumstances dictate otherwise, requests **must** be received by the Hearing Officer no later than five (5) days before the scheduled hearing date.

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Reason for Advancement / Postponement (continued)